to which the death-rate can be reduced. Beginnings of a similar development are noticeable also among the non-Jews, and the Jewish statistics merely anticipate general developments.

(e) Another reason for the rise in the Jewish death-rate in Prussia is the fact that in the last thirty years a fair number of Bast European Jews have entered Prussia. With them the birth-rate and infantile mortality are higher, and therefore also the death-rate, which has its effect on the total death-rate of the Prussian Jews. In 1928, in the old districts of Berlin, harbouring many East European Jews, the Jewish infantile death-rate amounted to 4-3, in the new districts only to 2-5 per cent.

(5) CAUSES OF DEATH

For the years 1921-1926 we possess statistical data concerning causes of death grouped by diseases for three cities with a Jewish population of over 150,000—Warsaw, Lodz, and Budapest,[1] In all the three towns it is found that a smaller number of deaths is caused among the Jews than among the non-Jews by infectious diseases, diseases of the digestive tract, congenital debility, and disorders and diseases of pregnancy and parturition. There is no marked difference between Jews and non-Jews in the death-rate caused by diseases of the respiratory system.

As for disorders of the circulation (especially heart diseases and arterio - sclerosis), urinary > and non - contagious sexual diseases, diabetes, and nephritis, the incidence is higher with the Jews than the non-Jews. An inquiry carried through by the Bureau of Jewish Social Eesearch in New York has shown that of every 100,000 individuals there died of—

[1] For details see my book, *Soziologie der Juden,* vol, i. p. 255 and ft. (Berlin, 1930).